

# CLAIMS ONLY

Application Number

10/606603

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51					
2		/		/			52					
3		/		/			53					
4		/		/			54					
5		/		/			55					
6		/		/			56					
7		/		/			57					
8		/		/			58					
9		/		/			59					
10		/		/			60					
11		/		/			61					
12		/		/			62					
13		/		/			63					
14		/		/			64					
15		/		/			65					
16		/		/			66					
17	/		/				67					
18	/		/				68					
19		/		/			69					
20		/		/			70					
21		/		/			71					
22	/		/				72					
23		/		/			73					
24		/		/			74					
25		/		/			75					
26		/		/			76					
27		/		/			77					
28		/		/			78					
29		/		/			79					
30		/		/			80					
31		/		/			81					
32		/		/			82					
33	/		/				83					
34		/		/			84					
35		/		/			85					
36		/		/			86					
37		/		/			87					
38		/		/			88					
39		/		/			89					
40		/		/			90					
41	/		/				91					
42	/		/				92					
43	/		/				93					
44		/		/			94					
45	/		/				95					
46	/		/				96					
47		/		/			97					
48		/		/			98					
49		/		/			99					
50		/		/			100					
Total Indep	6		6				Total Indep					
Total Depend	40		37				Total Depend					
Total Claims	6		43				Total Claims					